

**Cape Elizabeth Fire-Rescue Department
Policy & Procedure Manual**

Policy: Medications & Medication Storage Policy

Section: Operations: Emergency Medical Services

Policy # 7.721

Date Effective: 01-01-2016

The usage of medications is a necessary component of the emergency medical care and transport of patients within the Emergency Medical Services (EMS) System. The Cape Elizabeth Fire-Rescue Department (CEFRD), as a licensed EMS service with the State of Maine, will comply with all Maine EMS and regional rules and guidelines for the safe usage of medications in the EMS System.

The Department will maintain a pharmacy agreement with a designated pharmacy and/or hospital. The pharmacy agreement will supersede this policy if there is a conflict.

THEFT OR SUSPECTED THEFT OF MEDICATIONS:

In the event that any controlled substance or medication has been stolen or reasonably suspected to be stolen (forced entry, boxes left open or dumped out, etc.), the Police Department (having jurisdiction) will be notified immediately with no attempts to investigate further to be taken by staff. The vehicle should be placed out of service, with evidence preservation in mind, and access should be restricted to the vehicle until the Police have concluded their investigation. The Duty Officer will be notified as soon as possible after notification of the Police.

STORAGE OF MEDICATIONS: CONTROLLED SUBSTANCES DRUG BOX (CSDB)

Controlled substances will be stored within the Controlled Substances Drug Box (CSDB) and be sealed with a numerical pharmacy tag. The CSDB will have the earliest date of expiration of each drug stored printed on the outside. The CSDB will be stored inside a locked cabinet within the ambulance. Scheduled drugs will not be stored on any other vehicle than the ambulance and will always be in a locked cabinet when stored.

If theft is not suspected, and the CSDB is found sealed and outside the secured cabinet or the secured cabinet has been left unsecured with the CSDB inside, the box should be secured in the locked cabinet. A written incident report will be submitted to the EMS Captain prior to leaving duty for the day.

If theft is not suspected, and the CSDB is not secured with a numbered pharmacy seal, an inventory will be completed by the provider that discovered the open container. A second person should be utilized to assist with the inventory of the box if possible. If all medications are accounted for, still sealed and undamaged, the drug box is to be resealed with an entry in the medication log explaining the new seal. Both providers will sign the new entry. A written incident report will be submitted to the Duty Officer prior to leaving duty for the day.

If medications from the CSDB cannot be accounted for (i.e. missing or lost) the Duty Officer will be notified and a plan for replacing the medications will be developed.

All CSDB issues require a written incident report be completed and forwarded to the Duty Officer prior to leaving duty for the day explaining the situation. The Duty Officer will notify the Deputy Chief/EMS Coordinator of all CSDB issues.

STORAGE OF MEDICATIONS: REGIONAL DRUG BOX (RDB)

The Regional Drug Box (RDB) will be stored on the ambulance. The RDB will be sealed with a numerical pharmacy tag. The RDB will have the expiration date of the medication that expires first written on the

outside of the box. A RDB will not be stored on any other vehicle than the ambulance. The Department may only have possession of two (2) RDBs at a time.

If medications from the RDB cannot be accounted for (i.e. missing or lost) the Duty Officer will be notified and a plan for replacing the medications will be developed. A written incident report will be submitted to the Duty Officer prior to leaving duty for the day.

At any point that a sealed RDB is found unsealed the contents of the kit must be immediately inventoried. If all medications are accounted for, unopened and undamaged, the drug box is to be resealed with an entry in the medication log explaining the new seal. A written incident report will be submitted to the Duty Officer prior to leaving duty for the day.

The Duty Officer will notify the Deputy Chief/EMS Coordinator of all missing drugs from the RDB.

STORAGE OF MEDICATIONS: OUT-OF-DRUG BOX MEDICATIONS (OODBM) DRUG BOX

The Out-of-Drug Box Medications (OODBM) will be stored in a container approved by the EMS Equipment Officer. The Company Captain or their designee will be responsible for ensuring compliance with the storage of medications for units assigned to their company. The OODBM kits will be sealed with a numerical pharmacy tag within the designated jump kit or cabinet. The medication(s) contained within the kit and their earliest expiration date will be printed on the outside of the container .

The EMS Equipment Officer will include storage instructions for each medication that is carried in an OODBM kit. This will include the manufacturers' environmental (temperature, light, humidity, etc.) guidelines for the medication. If environmental guidelines cannot be met the medications will be removed from the kit and returned to the EMS Equipment Officer.

At any point that a sealed OODBM drug box is found unsealed the contents of the kit must be immediately inventoried. If all medications are accounted for, unopened and undamaged, the drug box is to be resealed with an entry in the medication log explaining the new seal. A written incident report will be submitted to the Duty Officer prior to leaving duty for the day.

The Duty Officer will notify the Deputy Chief/EMS Coordinator of OODBM that are missing after they are replaced.

MISSING, LOST AND STOLEN MEDICATION NOTIFICATION:

The Deputy Chief/EMS Coordinator, or other Maine EMS authorized service representative in his/her absence, will be responsible for notifying Maine EMS, the Chief of the Department, the Medical Director, the Regional Office and/or the pharmacy of any drugs that are reported and known to be tampered with, missing or stolen. All incident reports will be maintained by the Chief of the Department and maintained for seven (7) years. Incident reports will be made available to Maine EMS if so requested.

EXPIRED CSDB MEDICATIONS:

Within 3 days of the expiration date of a medication within the CSDB the paramedic per-diem on duty will go to the designated pharmacy hospital and exchange the medication following the guidelines established by the hospital pharmacy. The per-diem is authorized and expected to place the Rescue out-of-service and go to the hospital to transfer the medications during their shift.

EXPIRED RDB MEDICATIONS:

Within 3 days of the expiration date of the RDB the per-diem on duty will go to the designated pharmacy hospital and exchange the RDB following the guidelines established by the hospital pharmacy. The per-diem is authorized and expected to place the Rescue out-of-service and go to the hospital to transfer the medications during their shift.

EXPIRED OODBM MEDICATIONS:

Within 3 days of the expiration date of the medication personnel will go to the EMS supply closet and exchange the medication following the guidelines established by the EMS Supply Officer.

MEDICATION LOGS:

A medication log will be maintained for each unit that has medications assigned to it. A sealed OODBM device needs to be checked weekly, while an unsealed device needs to be checked daily. The medication log will remain in a designated area as specified by the Captain of the company. The log must be kept accessible to parties of interest (i.e. Maine EMS, Chief Officers, Medical Directors, Officers, staff performing checks, etc.)

An OODBM log will be maintained for each unit with medications. If the out-of-drug box device is sealed the following log format will be used:

- Date
- Run number (for medication use only)
- Out-of-drug box drug device seal number
- Out-of-drug box drug device earliest expiration date
- Reason for entry (daily check, new box, medications used)
- Provider signature
- Provider license number
- If the Out-of-drug box drug device

The medication log format for the ambulance will include the following:

- Date
- Run number (for medication use only)
- RDB number
- RDB expiration date
- RDB seal number
- CSDB expiration date
- CSDB seal number
- Reason for entry (daily check, new box, medications used)
- Provider signature
- Provider license number

The following events must be logged in the drug log and will have a single entry for each event:

- Daily and/or weekly inspection
- Usage of medication (if multiple medications used they can all be listed for the same patient)
- Opening and resealing of box (training or orientation)
- Replacing a box (expired)
- Unsealed box

All completed medication logs will be forwarded to the EMS Supply Officer when completed and will be filed and stored for seven (7) years in a locked cabinet.

EMS Medications to be stored outside the Regional Drug Box:

The CEFD will stock the following OODBM in the quantities specified for the following medical kits & units:

Medication	Must be included in the drug log(s)	Ambulance	FD Companies	Police & WETeam	Special Event Kit
0.9% normal saline, infusion	NO	5000 mL	N/C	N/C	500 mL
0.9% normal saline, injection	NO	6 inj.	N/C	N/C	2 inj.
0.9% normal saline, irrigation	NO	2000 mL	500 mL	500 mL	500 mL
Activated charcoal, oral suspension	NO	100 g	N/C	N/C	N/C
Adenosine, injection	YES	N/C	N/C	N/C	N/C
Albuterol, nebulized	YES	N/C	N/C	N/C	N/C
Amiodarone, injection	YES	N/C	N/C	N/C	N/C
Aspirin, tablet	YES	1 bottle	2 doses	2 doses	N/C
Atropine, injection	YES	N/C	N/C	N/C	N/C
CyanoKit, injection	YES	N/C	N/C	N/C	N/C
Dextrose 10%, infusion	YES	N/C	N/C	N/C	N/C
Dextrose 5%, infusion	YES	N/C	N/C	N/C	N/C
Dextrose 50%, injection	YES	25 g	N/C	N/C	N/C
Diphenhydramine, injection	YES	N/C	N/C	N/C	N/C
Dopamine, infusion	YES	N/C	N/C	N/C	N/C
DuoNeb, nebulized	YES	N/C	N/C	N/C	N/C
Epinephrine, infusion	YES	N/C	N/C	N/C	N/C
Epinephrine 1:1,000, autoinjector (0.3 mg)	YES	1 inj.	N/C	N/C	N/C
Epinephrine 1:1,000, autoinjector (0.15 mg)	YES	1 inj.	N/C	N/C	N/C
Epinephrine 1:1,000, injection	YES	N/C	N/C	N/C	N/C
Epinephrine 1:10,000, injection	YES	N/C	N/C	N/C	N/C
Fentanyl citrate, injection (Controlled Substance)	YES	<i>May not be carried OODB</i>			
Glucagon, injection	YES	N/C	N/C	N/C	N/C
Ipratropium bromide, nebulized	YES	N/C	N/C	N/C	N/C
Lidocaine 2%, injection	YES	N/C	N/C	N/C	N/C
Magnesium sulfate, injection	YES	N/C	N/C	N/C	N/C
MARK I Kit - 2-PAM, autoinjector	YES	N/C	N/C	N/C	N/C
MARK I Kit - Atropine, autoinjector	YES	N/C	N/C	N/C	N/C
Metoprolol, injection	YES	N/C	N/C	N/C	N/C
Methylprednisolone, injection	YES	N/C	N/C	N/C	N/C
Midazolam, injection (Controlled Substance)	YES	<i>May not be carried OODB</i>			
Naloxone, injection	YES	N/C	N/C	N/C	N/C
Nitroglycerin, paste	YES	N/C	N/C	N/C	N/C

Nitroglycerin, tablet/spray	YES	1 bottle	N/C	N/C	N/C
Norepinephrine, infusion	YES	N/C	N/C	N/C	N/C
Ondansetron, injection	YES	N/C	N/C	N/C	N/C
Oral glucose, gel/paste	NO	2 doses	2 doses	2 doses	2 doses
Oxygen, portable tank	NO	4 tanks	1 tank	1 tank	1 tank
Ringers lactate, infusion	NO	1000 mL	N/C	N/C	N/C
Sodium bicarbonate, injection	YES	N/C	N/C	N/C	N/C
Sterile water, irrigation	NO	N/C	N/C	N/C	N/C
Tetracaine, eye drops	YES	N/C	N/C	N/C	N/C

N/C = the item is not carried in the OODBM kit for this unit

The addition of medications to the OODBM list will be reviewed by the following committee on an as needed basis:

- Chief of Department
- Medical Director
- Deputy Chief/EMS Coordinator
- EMS Captain
- EMS Equipment Officer

The addition of medications to units that are not specified on the table above is a violation of the CEFRD Medication Policy.

DRUG SHORTAGES & ALTERNATIVE MEDICATIONS

On occasion the hospital pharmacy may have to provide EMS units with alternative medications. In order to utilize alternative medications, Maine EMS through the regional EMS office, must approve the usage of the alternative medication. When an alternative medication is placed into service all providers that are expected to utilize that medication must complete Maine EMS authorized training prior to utilizing these medications and substitute protocols. These trainings are located at www.memsed.org.

DRUG BOX INVENTORY LIST:

The EMS Equipment Officer will ensure that all drug storage containers have an inventory list that is immediately and readily accessible for inventory purposes. The regional EMS office and/or the hospitals that supply the medications maintain the Regional Drug Box list.

ORDERING OF MEDICATIONS:

The EMS Equipment Officer will order medications for the CEFRD and Police Departments in a manner that is approved by the Medical Director and Chief of the Department. The EMS Equipment Officer, in conjunction with the Medical Director, will establish a method of tracking the medications requisitioned, purchased, distributed and disposed of.

UPDATED & REVIEWED: December 23, 15

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Chief of Department Peter Gleeson